

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/859,802**
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201							251						
202							252		1				
203							253		1				
204							254						
205							255	1					
206							256		1				
207							257	1					
208							258		1				
209							259	1					
210							260		1				
211							261	1					
212							262			5			
213							263						
214							264						
215							265						
216							266						
217							267						
218							268						
219							269						
220							270						
221	1						271						
222		1					272						
223		2					273						
224	1						274						
225		1					275						
226							276						
227							277						
228							278						
229							279						
230							280						
231							281						
232	1						282						
233		1					283						
234		1					284						
235		1					285						
236		2					286						
237	1						287						
238		1					288						
239		1					289						
240							90						
241		1					291						
242		1					292						
243		2					293						
244		1					294						
245		2					295						
246							296						
247		2					297						
248							298						
249		1					299						
250							300						
TOTAL IND.	4						TOTAL IND.	7					
TOTAL DEP.	21						TOTAL DEP.	8					
TOTAL CLAIMS	25						TOTAL CLAIMS	15					

Claims
1-200
ARE Canceled

$$\begin{array}{r}
 1 \times 11 = 11 \\
 245 = 10 \\
 \hline
 21
 \end{array}$$